STATEMENT OF

FORM 1	0	RGANIZA' (See instructions						
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	-	If typying, type nes	12FE4M	Office us	se only	
CONSOL EN	ERGY INC & CNX (AS CORPORATI	ON PAC					
							шш	
ADDRESS (number and	d street)	CONSOL ENERG	Y DRIVE					
(Check if addres X is changed)		ONSBURG			PA	<u></u>	5317	
		(CITY		STATE		ZIP CODE 🛦	
COMMITTEE'S E-MA	AIL ADDRESS (Please	provide only one e-ma	ail address)					
(Check if address X is changed)	ss david	dbolewitz@conso	lenergy.co	<u>m</u> 				
			1111		111			
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)						
(Check if address is changed)		· 			111			1 1
			1111					1 1
2. DATE M 0 :	M / D D / Y	2009						
3. FEC IDENTIFIC	ATION NUMBER	C	C00279	331				
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDED (A)				
I certify that I have exam	nined this Statement and	to the best of my knowl	edge and belie	ef it is true, correct ar	nd complete			
Type or Print Name or	f Treasurer	OAVID BOLEWITZ						
Signature of Treasure	er Electronically File	d by DAVID BOL	EWITZ		Date () 3 D	23 / Y	ž 0 0 9
NOTE: Submission of fa	alse, erroneous, or incon	nplete information may s			·		U.S.C. S437g.	
Office Use Only			Fede Toll F	urther information of ral Election Commissions 800-424-9530			EC FORM devised 02/2009	